### 2013 MCH Program Objectives

#### **Wisconsin Healthiest Families Initiative**

| A. Objective Statement                                      |  |
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| By December 31,2013, (Select one or                         | more: an assessment, a plan,                           |
| implementation/evaluation activities, and/or sustainability | /Quality Improvement activities) for the Wisconsin     |
| Healthiest Families Initiative will be completed by the     | Health Department in collaboration with                |
| community partners focusing on (Selection )                 | ct one focus area: family supports, child development, |
| mental health or safety/injury prevention.                  |  |

#### **B.** Deliverable

A Objective Ctetement

[The Deliverable will be determined during the negotiation process following identification of the Input Activities and the steps to be implemented. Reporting forms are available at: <a href="http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems">http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems</a>.]

# C. Context

**Note:** This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, including children and youth with special health care needs, and expectant and parenting families with young children. There is a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

**Goal:** To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

**Focus Areas:** The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to <a href="http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm">http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm</a> for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported. It is expected that training on the Life Course Framework will be provided on an on going basis to existing and new community partners.

**Outcomes:** See sample outcomes

at:http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.

**Steps:** The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation and evaluation, and 4) sustainability and quality improvement. These steps may be completed over multiple years. Reporting documents for these steps are located at:

http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems .

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Step 1: Assessment - Complete an assessment to identify the service, program or other resources in the community related to family supports and/or parent education. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan – With agreement of the community partners, develop a community plan that addresses the strengths and gaps identified in the assessment completed in Step 1, and promotes integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children with special focus on those at risk for poor health outcomes in the area of family supports. The plan will be reported as a Community Logic Model with one logic model submitted for each focus area addressed by the agency and partners.

Step 3: Implementation and Evaluation - Implement and evaluate activities identified in the plan clompleted in Step 2 to strengthen the system of early childhood services within the community, setting priority based upon community assets and needs. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Step 4: Sustainability and Quality Improvement – Quality improvement processes will be used in future years to continue to improve the system of early childhood services within the community.

**Required Support Activities:** Required activities to support assessment, planning, implementation & evaluation and sustainability & quality improvement steps will include the following:

- Agency assessment of MCH Core Competencies
- Education to support the ongoing development of MCH Core Competencies
- Identification of partners and their contributions
- Training and/or information sharing on the Life Course Framework for public health providers and community partners

**D. Input Activities:** [LPHDs need to enter input activities prior to negotiations. Those activities will include what LPHDs will do to move their work forward in accomplishing the systems work on the step(s) chosen. It is also necessary to identify and include work to be done to advance the required support activities listed in the Context.]

# E. Baseline for Measurement

Include the following items that were completed in 2012 for the Baseline for Measurement:

- Coalition established. Health Department is Lead or Participating Member of the Coalition. Coalition met [insert number] times.
- Collaborative work done but no coalition established. Collaborating with [insert number] community agencies or organizations on this initiative.
- Assessment conducted. Assessment results: (briefly explain the results of the assessment).
- Plan established based on the findings of the assessment. Briefly explain the Mission, Vision, Collaborative Values Statement, Goals and Objectives.

#### F. Data Source for Measurement

[The Data Source for Measurement will be determined during the negotiation process following the identification of the Input Activities and the steps to be implemented. Reporting forms are available at: <a href="http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems">http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems</a>.]